

**Indiana Oasis Stakeholder/Advisory Meeting  
April 4, 2007  
Summary of Meeting Notes**

**Attendance**

Andrew Ranck	BDDS	Jane Greene	Cardinal Center
Kellie Calita	FSSA, DDRS	Kim Opsahl	INARF
Kelly Samodral	FSSA, DTS	Janice Gross	FSSA, DDRS
Emily Hancock	FSSA, OMPP	Adrienne Shields	FSSA, DDRS
Dave Gootee	FSSA	Patrick Dickerson	FSSA, BQIS
Emily Hancock	FSSA, OMPP	Steve Bordenkecher	FSSA, BQIS
Maribeth Mooney	IIDC	Jim Van Dyke	SVH
Jay Naeem	ResCare	Chris St Paul	IPMG
Mary Ann Ruppert	FSSA, BDDS	Norm Davis	DavisDeshaies
Jennifer Hatchett	FSSA, BQIS	Gayle Davis	DavisDeshaies
Kelly Hartman	INABC	Lora Thrasher	Briljent
Gail Kahl	INABC	Tracy Laycock	Briljent

**I. Introductions**

Ms. Thrasher kicked-off the meeting with a welcome and introductions (facilitators and stakeholders). Stakeholders were asked to sign an attendance sheet, which will double as a distribution list for the project. (This list is preliminary and distribution is subject to growth.)

**II. Focus Group Preliminary Findings**

Focus groups of consumers, parents and guardians were conducted over the last two weeks throughout Indiana with a total of 40 people in attendance. There were nine sessions held in different cities around the state. Some of the preliminary findings included the following common themes expressed at the focus group meetings:

- Concern was expressed over case management provided under IPMG. Consumers are aware of significant increase in the volume of case manager assignments.
- Concern was expressed regarding high staff turnover with providers. The perception of the participants was that care-givers receive inadequate wages and benefits. Others saw a lack of long-term commitment of workers to the success of clients setting and achieving goals. It was not uncommon for workers to have a clock-in and clock-out mentality.

- Concern was expressed about the inefficiency of a system that prohibits use of allocated resources for various reasons. Additionally, some consumers had no available providers for specific allocated funds and were thus losing the hours.
- Concern was expressed regarding the potential for fraud by providers due to lack of accountability (reduction of paperwork). Some provided examples of hours billed for services that the consumer never received.
- Concern was expressed regarding the current requirements to use Medicaid approved contractors for modifications to homes and vehicles. Many felt that this system required them to use higher cost quotes and lower quality of work than if they could have multiple contractors bid on the contract.
- Concern was expressed regarding the current method of reducing hours based on actual hours used at the end of the year. For example, this penalized people who would try to use hours honestly and wisely to be efficient with hours. Others really needed more hours during the summer months when their children (consumers) were out of school.
- Concern was expressed in regards to the lack of “9-1-1” emergency support and care for consumers.
- Concern was expressed about the efficiency of a system that does not want to invest more dollars up front, in the earlier portion of a consumer’s life that would reduce necessary services later in life due to increased capabilities and independence.

A formal report will be available to all who participated and posted on the OASIS website, <http://www.davisdeshaies.com/page10.html>. The consultants who led the focus group heard many moving stories from the families and the consumers, both positive and negative. Their feedback served as an important reminder of the very personal impact that this program has.

Norm Davis added that the communication plan was announced at the last meeting and that the focus groups were held to test the “temperature of the water.” Norm will be following up in Bloomington with an additional focus group with consumers and families. The next step in communicating to stakeholders will be to hold public forums in April around the state to inform stakeholders, consumers and families about the OASIS project, and get more feedback. Additional forums will be scheduled in District 4 in May to prepare the District for the pilot phase of the OASIS project.

Some of the other findings from the focus groups include:

- Nine consumers said they wanted to move
- 23 out of 38 consumers/guardians thought they were in stable homes
- 4 consumers indicated fear of injury

Stakeholder Question:

Is this consistent with other places? (i.e. the number who felt unsafe or feared injury)

Davis Deshaies Response:

The data related to “consumer moves” and “fear of injury” is high in comparison with other states. The data for stable homes is lower than other states.

Four consumers/parents out of forty feel that they are in unsafe conditions or at risk, but these numbers must be verified and are subject to further investigation. Statistically 2% of consumers feel at risk overall from other states.

### **III. Forum Schedule & Review of Presentation Materials**

There are seven forums scheduled for consumers and seven forums scheduled for providers during April. There was a preview of the DDRS – Vision 20/10 PowerPoint presentation. (This may be viewed at <http://www.davisdeshaies.com/page10.html>.) The stakeholders were asked if it provided a good overview of the program’s future vision and goals. The stakeholders seemed to approve; there was no verbal disapproval.

Next, Davis Deshaies shared their OASIS PowerPoint presentation. (This may be viewed at <http://www.davisdeshaies.com/page10.html>.) Because of the volume of information, Norm shared that he intended to be sensitive about taking time to listen and offer dialogue. The forum meetings are scheduled for two hours, leaving over a half hour for questions and answers. Briljent will be passing out note cards to the stakeholders before the forums begin, so audience members can jot down questions during the presentations. Andrew Ranck asked Norm Davis to also present the Provider discussion to the group, which he did.

Stakeholder Question:

Is there a set profit margin on services is included in plan?

DAVIS DESHAIES Response:

States are going away from that – this issue will be examined more during the project data collection phase.

#### **IV. Discussion on Consumer Data Analysis Preliminary Findings**

Davis Deshaies Question to the stakeholders:

Are there other elements of people's lives we should be measuring?

Stakeholder Suggestion:

Living situations and previous residence in institutions will be a factor. A lot of people are in unique situations and do not have a parent to speak for them.

Stakeholder Suggestion:

Individual history and how state policy has historically impacted rates should be taken into consideration when analyzing the data.

Davis Deshaies Response:

The analysis of Indiana historical data shows variations caused by shifts in policy, technical changes in rate structure, and modifications in cost accounting procedures. While the data provides insight into the state's program evolution, new data from the "best practices" group of consumers may serve as a better benchmark for comparing people with similar needs and costs.

Stakeholder Question:

What is the specific age driver information?

Davis Deshaies Response:

The age cohorts are:

1. Under 7 years of age
2. 7 years to 12 years
3. 13 years to 18 years
4. 19 years to 24 years
5. 25 years to 45 years
6. 46 years to 64 years
7. 65 years and above

Stakeholder Comment:

We do not have a sense of how each variable is defined. It would be nice to see all of the details behind predictors.

Stakeholder Suggestion:

We should test to see if an active and vocal family gets more services than other families.

Stakeholder Question/Comment:

What is the reliability of the data on people who require 24/7 one on one care on waivers in Indiana? There is no good way today to identify them.

Davis Deshaies Response:

Cost, utilization, and risk liability can be used. For people who fall outside the predictive range of OASIS, individual cost plans will serve as the basis for determining level of need. Some states have chosen to apply a “utilization review” process to validate the individual cost plan for people with exceptional needs.

Stakeholder Comment:

ICAP is not a good predictor of health.

Davis Deshaies Response:

We agree. We will use ICAP along with supplemental questions.

Stakeholder Comment:

People whose costs fall below the lower predictive limit of the model need to have coordination to make sure objectives are being articulated and being met. We are still interested in following up with them. They need some level of constant reinforcement.

Davis Deshaies question to Stakeholders

How much variation should be built in the rate factors? Do you want to use geography as an add-on? If so, what is the dividing line? Should the geography add-on be portable?

Stakeholder Comment:

It makes sense to divide by county.

Stakeholder Comment:

Do other states use geography as an add-on?

Davis Deshaies Response:

Most states do use geography in their model, but not the full amount.

Stakeholder Comment:

We do not want a geography add-on; that is too complex. Offer a simpler version in years one and two and then consider a geography add-on in later years.

Stakeholder Question:

If geography is used as an add-on, has it helped to develop providers in more expensive areas?

Davis Deshaies Response:

Not necessarily. The geographical add-on rates have had more impact on sustaining current providers than encouraging new providers. Recruitment of new providers in expensive communities is driven more by the “absence of competition” than rates. New providers are hesitant to enter a new service market where established providers are currently present. Historically, developmental disabilities providers have not entered into direct competition with each other.

Stakeholder Question:

What numbers are being used for the comprehensive benefit package; where are we getting this data?

Davis Deshaies Response:

We are using Bureau of Labor Statistics, cities and counties prevailing wage data and Mercer Human Resources, Hayes Compensation, and Health and Hospital Corporation compensation data.

Stakeholder Question:

Is the wage compensation model based on MSAs or geography?

Davis Deshaies Response:

Metropolitan Statistical Area data (MSA) will be used.

Stakeholder Question:

What about using a geographical factor as incentive for people to move to a less expensive area?

Stakeholder Comments:

For the add-on based on geography, would the provider have to pass the add-on to the employee?

Davis Deshaies Response:

The idea would be that you spend the add-on to best provide the service.

Stakeholder Question:

Outcomes – how do we determine how much result is enough? We should consider timing of delivery of service.

Davis Deshaies Response:

We examine the amount of services utilized by the “best practices” group as part of the pilot. CMS has historically reviewed consumer safety and injury prevention. OASIS will be able to show a relationship between the amount of service received and the impact on accidents and injuries.

## **V. Data Flow: “Following the Numbers” – Review Data Flow Chart**

(This information may be viewed at <http://www.davisdeshaies.com/page10.html>.)

## **VI. Cost Drivers Initial Discussion**

(This information may be viewed at <http://www.davisdeshaies.com/page10.html>.)

Other cost drivers that could be tested for include:

- Institutional History
- Family Support Needs
- Intensity/Frequency of Health
- Intensity/Frequency of Behavior

## **VII. Rate Approach and Options Discussion**

Stakeholder Question:

Is there an increase built in based on consumer index?

Davis Deshaies Response:

Yes. The rates will have the ability to be refreshed and will be built so updates can be made over time.

## **VIII. Feedback and Future Meetings**

At the next meeting, we will have data from DDRS and providers, and information from the forum discussions.

Stakeholder Suggestion:

Provide information ahead of time so people can review and form questions.

Again, all handouts and PowerPoint presentations may be viewed at <http://www.davisdeshaies.com/page10.html>.